

FILED

13 OCT 11 AM 11:01
CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

IZAZ KHAN

10-11-13

CASE NUMBER

CV13-7537

FFM

PLAINTIFF/PETITIONER,

LAPD v. CHIEF OF POLICE

LOS ANGELES POLICE DEPT. CHARLIE BECK'S FOR

15 ASSAULT'S DATE 10-14-11, 1-3-12, 1-4-12, 1-5-12

1-27-12 OLYMPIC STATION LAPD

7 COPS MARCELIN SUATO, ARREST

DEFENDANT(S).

ASSAULT STOLE MY DOCUMENTS EVIDENCE, PROPHET JACKET
12 ORIGINAL DESIGNER'S

REQUEST TO PROCEED
IN FORMA PAUPERIS WITH
DECLARATION IN SUPPORT

I, IZAZ KHAN, declare under penalty of perjury, that the foregoing is true and correct; that I am the petitioner/plaintiff in the above entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefore, I state that because of my poverty I am unable to pay the costs of said proceedings or to give security therefore and that I am entitled to redress.

I further declare under penalty of perjury that the responses which I have made to the questions and instructions below are true, correct and complete.

1. Are you presently employed? ☐ Yes ☒ No DISABLED, HANDICAP

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer. N/A

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received. 5-15-06 10 \$ Per Hour

2. Have you received, within the past twelve months, any money from any of the following sources?

- a. Business, profession or form of self-employment? ☐ Yes ☒ No
- b. Rent payments, interest or dividends? ☐ Yes ☒ No
- c. Pensions, annuities or life insurance payments? ☐ Yes ☒ No
- d. Gifts or inheritances? ☐ Yes ☒ No
- e. Any other income (other than listed above)? ☐ Yes ☒ No
- f. Loans? ☐ Yes ☒ No

If the answer to any of the above is yes, describe such source of money and state the amount received from each source during the past twelve (12) months: ASKING PEDESTRIAN FOR FOOD, WATER,

CIGARETTES

3. Do you own any cash, or do you have money in a checking or savings account? (Include any funds in prison accounts, if applicable.) ☐ Yes ☒ No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the six (6) months prior to the date of this declaration.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☒ Yes ☐ No

If the answer is yes, describe the property and state its approximate value: MANUAL WHEELCHAIR HEEN
CAKE GIVEN ASSISTANCE RECLINE BACK NO HEAD REST USE BLANKET FOR REST
WHEELCHAIR CHASE # ZG18-13631

5. In what year did you last file an Income Tax return? _____

Approximately how much income did your last tax return reflect? _____

6. List the persons who are dependent upon you for support, state your relationship to those persons, and indicate how much you contribute toward their support:

N/A

I understand that a false statement or answer to any question in this declaration will subject me to penalties for perjury. I further understand that perjury is punishable by a term of imprisonment of up to five (5) years and/or a fine of \$250,000 (18 U.S.C. Sections 1621, 3571).

CALIFORNIA

State

LOS-ANGELES

County (or City)

I, IZAZ KHAM, declare under penalty of perjury that the foregoing is true and correct.

10-11-13

Date

[Signature]

Plaintiff/Petitioner (Signature)

Francisco J. Carbon, M.D. A88530 BC8042892
Philip J. Fagan, Jr. M.D. 1032596 AB00527
George N. Falieras, M.D. A98124, BF9803253
Brian W. Harris, M.D. G70720, BH2609834
Robert F. Kerns, M.D. G38677, AK8587303
Nancy J. Kuhn, M.D. G38156, AK8388046
Ronald E. Lieberman, M.D. A83884, BL8401527
La Toya E.N. Maynard, M.D. A92883, BM9470895
Siobhan D. Newman, M.D. A68673, BN4604523
Christopher L. Ng, M.D. G58520, BN6543032
Daniel H. Oblitas, M.D. A43111, BO0703733
Ryan O'Connor, M.D. A95130, BO9248851

1223 Wilshire Blvd. Los Angeles, CA 90017 Tel. (213) 977-2423 Fax (213) 202-7028
Filed 10/11/13 Page 3 of 5 Page ID #:3

Medical Record # _____ DOB _____ Serial # **A39879**

Address **Khan, Elvin**

1 Vicodin Tabs Sig: **Take 2 tabs q 6 hrs prn** (written) #15
2
3

Circle No. of Drugs Prescribed: 1 2 3
Prescription is void if number of drugs prescribed is not noted.
☒ 1 - 24 ☐ 25 - 49 ☐ 50 - 74
☐ 75 - 100 ☐ 101 - 150 ☐ 151 & OVER
☐ Units ☐ Do not substitute Refill 0 - 1 - 2 - 3 - 4 - 5 - PRN
☐ 1 - 24 ☐ 25 - 49 ☐ 50 - 74
☐ 75 - 100 ☐ 101 - 150 ☐ 151 & OVER
☐ Units ☐ Do not substitute Refill 0 - 1 - 2 - 3 - 4 - 5 - PRN
☐ 1 - 24 ☐ 25 - 49 ☐ 50 - 74
☐ 75 - 100 ☐ 101 - 150 ☐ 151 & OVER
☐ Units ☐ Do not substitute Refill 0 - 1 - 2 - 3 - 4 - 5 - PRN

Refills allowed for Schedule II ☒ **N/A**

IP: 9 / www.americansecurityrx.com Tel. 877-290-4262 Date **10/14/11**
Security features are listed on back • Valid Rx has blue-gray background on white paper

0753

Physician Kuhn, Nancy J MD

Patient Instructions Reviewed

Chronic Pain

received 10/14/11 - 1502

Activity Restrictions or Additional Instructions

Additional Discharge Instructions:

See your doctor or clinic in 2 day(s) for follow up care

vicodin as prescribed for pain

Follow-up

KHAN, IZAZ ELVIN has been referred to the following clinics/specialists for follow up care:

211 L.A. County
Ph: (800)339-6993

The following discharge information has been prepared to assist you in your follow up care. Please keep this sheet as it contains important information about your emergency room treatment. Bring this sheet with you to your outpatient appointment or if you need to return to the emergency room.

Date of Admission 1/3/12

Reason for Admission Evaluation

Physician(s) Seen Dr. Strubbe ~~CRISTOPHER~~

Medication given in the Emergency Room: ☒ NONE ☐ Listed below

Medication prescribed: ☒ NONE ☐ Listed below

Recommended follow up care:

7 The attached referral list identifies available resources in your community. It is your responsibility to contact these agencies and arrange for services.

 You have been referred for follow up care at the clinic(s) listed below:
Addresses and telephone numbers are attached.

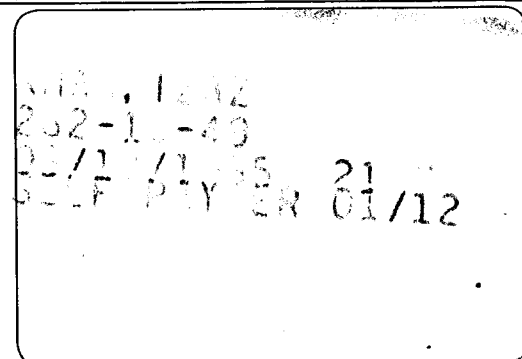
It is your responsibility to call and make an appointment if a specific date and time has not already been given to you. We strongly recommend you make this appointment as soon as you leave the hospital. If you are referred to a Department of Mental Health clinic, you will receive a follow-up call. Please inform your physician, if you **do not** want to be contacted.

If you have any questions or concerns regarding your medication or treatment before your follow up appointment, the Psychiatric Emergency Room number is (310) 222-3145.

Patient Signature: pt. refused to sign 121511

RN Signature: C. Valenzuela, RN.

CHRISTOPHER



Trip Details

You are traveling on **Tuesday** and **Leaving** at **11:03AM** . Fare class: **Regular**. Max walk: **1/3** Mile. Mode: **ANY**.

Tip: Click on a location to view on the map.

Starting at 1000 W CARSON ST

Find Nearby... Pass/TAP Outlets | Park & Ride Lots

Ride **Torrance 1** [HARBOR TRANSIT WAY] heading east

~~3 VERMONT~~
From: CARSON ST/HARBOR UCLA MEDICAL CENTER Lv: **11:26AM**

To: ARTESIA TRANS CTR/BUS BAY 5 Ar: **11:34AM**

Pay \$1.00 + \$0.40 for Transfer., Monthly Pass/TAP: \$65.00, (EZ Pass accepted)

Ride **Metro Local Line 52** [WILSHIRE/VERMONT STA] heading west

From: ARTESIA TRANS CTR/BUS BAY 3 Lv: **11:47AM**

To: VERMONT AV/WILSHIRE BLVD NE corner Ar: **01:18PM**

Use Transfer or Media , Monthly Pass/TAP: \$75.00, (EZ Pass accepted)

Ending at WILSHIRE/VERMONT AV

Find Nearby... Pass/TAP Outlets | Park & Ride Lots

Additional Information

Total cash fare = **\$1.40**

Trip time is about **1** hour and **52** minutes.

Trip distance is about **20.15** miles.

***Driving cost:** is about **\$10.90** (based on **AAA** est. **54.1** cents/mile)

Adjust Schedules

FIRST

PREV

RESET

NEXT

LAST

RETURN TRIP

BACK

START OVER

Server:.23 - Database:TRANSIT - TempTable:TMP_1j57q9ja